Informed consent and liability waiver

Therapeutic Yoga · Mitra Salud

I confirm that I am voluntarily participating in the Therapeutic Yoga session offered in collaboration with Mitra Salud Physiotherapy Clinic.

I acknowledge that yoga, breathwork, mobility exercises, relaxation techniques and related wellness practices involve physical movement and may carry certain inherent risks of discomfort, strain or injury.

I confirm that, to the best of my knowledge, I am physically and psychologically able to participate safely. I understand it is my responsibility to inform the instructor of any medical condition, injury, physical limitation, pregnancy or health concern prior to participation.

I agree to practise within my personal limits and to stop any activity that causes pain, dizziness, discomfort or distress.

I understand that the Therapeutic Yoga sessions are intended to support general wellbeing, mobility, relaxation and stress reduction, and do not replace medical diagnosis, physiotherapy treatment or professional healthcare advice.

I acknowledge that I have been advised to consult my physician prior to participating, particularly if I have any pre-existing medical conditions.

By participating, I voluntarily assume all associated risks and release the yoga instructor and Mitra Salud Physiotherapy Clinic from liability for any injury, loss or damage arising from participation, except in cases of gross negligence or misconduct.

I have read and understood this informed consent and waiver and agree to participate voluntarily.

Complete and sign this form

Full name _____

Date _____

Emergency contact (optional) _____

Signature _____

How to send it

Fill it in, sign it and send it to Alou: alousantos.uay@gmail.com

Can't fill it in or sign it? Just email Alou letting her know you'll need the form, and she'll have it ready for you.